

favor of continuing with *Mirena*. Sensitivity analyses show that first-line therapy for menorrhagia with *Mirena* is likely to be less costly than hysterectomy under all reasonable scenarios for women with menorrhagia.

CONCLUSIONS: *Mirena* provides a cost-beneficial alternative to hysterectomy for women with menorrhagia who are candidates for hysterectomy.

TPDM6

DETERMINING COST DRIVERS IN A COST-EFFECTIVENESS ANALYSIS OF THREE TREATMENTS FOR OVERACTIVE BLADDER

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Pharmacoeconomic analysis can facilitate formulary decisions to select the most optimal therapy for overactive bladder (OAB). Budgetary decisions and disease management programs can be implemented only when drivers of an analysis are identified and clearly understood.

OBJECTIVE: To determine drivers of cost and effectiveness in a cost-effectiveness analysis of OAB treatments.

METHODS: Once-daily controlled release oxybutynin-XL (OXY-XL) was compared with conventional oxybutynin immediate-release (OXY-IR) and twice daily tolterodine (TOL) in a decision tree model, using the payer perspective. Patient outcomes included percent of patients completely continent, with rates determined through an efficacy-analysis of literature and clinical trial data, considering randomized controlled trials and open label safety trials. Resource utilization was based on literature and expert opinion. Costs were categorized as drug, outpatient care, laboratory, surgery/hospitalization and other (pads).

RESULTS: The average total 6 months expected cost for producing one continent day is lower with OXY-XL (\$22) than for OXY-IR (\$25) and TOL (\$43) and the expected success rate is highest for OXY-XL (52%) compared to OXY-IR (46%) and TOL (32%), therefore, OXY-XL is dominant. The primary driver for the model is percent of patients completely continent, which impacts directly upon the cost of outpatient care and surgery. Drug, laboratory and other are all minor components that did not significantly impact the costs. Results are robust against all major assumptions tested in a comprehensive Monte Carlo sensitivity analysis.

CONCLUSIONS: Oxybutynin-XL is more cost-effective than immediate release oxybutynin and tolterodine in managing OAB. The key driver in the cost-effectiveness ratio is the superior success rate, which lowers total medical costs.

TPDM7

COST OF ISCHEMIC STROKE TREATMENT BY FUNCTIONAL STATUS: A MODEL COMPARING CITICOLINE TO STANDARD CARE

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OBJECTIVE: The purpose of this study was to derive the cost-of-care for ischemic stroke by functional status and create a decision analytic model to compare the cost-effectiveness of citicoline to standard therapy.

METHODS: Expert data were gathered on the average level of resource consumption by time period (acute hospital, recovery, and maintenance) and functional status (by Barthel Index score). Resource data was gathered from 10 experts in ischemic stroke care using a modified Delphi panel technique. Costs were derived from national claims databases and the literature. Included in the model were direct medical costs associated with hospitalization, rehabilitation, home care and medications. Effectiveness was based on the utility values of the Barthel outcomes. Clinical outcomes of treatment with citicoline and standard care, which included the use of tPA in 3.6% of the cases, were taken from the literature. Cost of care and cost-effectiveness was derived using a simple linear model.

RESULTS: The cost of care for ischemic stroke patients during the maintenance period (3–12 months) was \$4274 for patients with a Barthel Index score at 3 months between 95–100, \$15,981 for patients with a score between 55–90, and \$35,533 for patients with a score between 0–50. It was estimated that the expected direct medical cost per citicoline treated ischemic stroke patient for one year is \$37,066 compared with \$38,456 for standard care. The expected utility for a patient treated with citicoline was 0.547 utilities and for standard care it was 0.479 utilities.

CONCLUSION: A change in function following ischemic stroke drives important cost differences. The use of citicoline in the treatment of ischemic stroke compared to standard care both improves outcomes and reduces cost.

ECONOMIC ANALYSIS OF CLINICAL TRIALS

TPCT1

ECONOMIC ANALYSIS OF TIRILAZAD MESYLATE FOR ANEURYSMAL SUBARACHNOID HEMORRHAGE: ECONOMIC EVALUATION COMBINING FOUR PHASE III CLINICAL TRIALS

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OBJECTIVE: The purpose of this study is to perform a meta-analysis of the cost-effectiveness of tirilazad mesylate in the treatment of aneurysmal subarachnoid hemorrhage (SAH) using primary data from four multinational, randomized, double-blind, vehicle controlled phase III clinical trials.

METHOD: The sample was made up of those patients who at randomization had a severe initial neurograde (score IV or V) and received either the gender-appropriate dosage or vehicle. In each of the four trials, costs were